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2010 COHORT 13

BASELINE
DATA
USER'S GUIDE

MEDICARE HEALTH

OUTCOMES SURVEY

CENTERS
FOR MEDICARE
& MEDICAID
SERVICES

HEALTH
SERVICES
ADVISORY
GROUP



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Preface

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by Medicare Advantage Organizations (MAOs). The Medicare Health Outcomes Survey (HOS) is the first patient-reported health outcomes measure for the Medicare population in managed care settings. The HOS design is based on a randomly selected sample of individuals from each participating MAO, and measures physical and mental health over a two-year period. General information about the HOS Program may found in the Medicare HOS Overview section on CMS' website (www.cms.gov/hos) and a full description of the program may be found on the HOS website (www.hosonline.org).

This *HOS 2010 Cohort 13 Baseline Data User's Guide* (DUG) is designed to assist users with the beneficiary level *2010 Cohort 13 Baseline* data file. The DUG includes an overview of the file organization, an explanation of derived fields, a table defining the attributes of all fields in the file, and copies of the survey instrument annotated with the field names in the data file.

The *2010 Cohort 13 Baseline* reports were distributed to participating Quality Improvement Organizations (QIOs) via QualityNet in June 2011. The QIO reports summarize the results for all of the MAOs within the state compared with the national HOS total. The MAO reports were made available to participating MAOs via CMS' Health Plan Management System (HPMS) in August 2011. The MAO reports summarize the results for an individual MAO compared with the national HOS total. A sample MAO report is also available on the HOS website at www.hosonline.org. The sample report displays actual results for the HOS total, but utilizes hypothetical data for the MAO summaries. This report may be consulted for program background, methodology, design, and results.

STATUTORY AUTHORITY

Section 722 of the Medicare Prescription Drug, Improvement, and Modernization act of 2003 mandates the collection, analysis, and reporting of health outcomes information. This legislation also specifies that data collected on quality, outcomes, and beneficiary satisfaction to facilitate consumer choice and program administration must utilize the types of data collected prior to November 1, 2003. Collected since 1998, the Medicare HOS is the only outcomes measure in Medicare managed care and therefore remains a critical part of assessing health plan quality. In addition, CMS includes the HOS results as a component of Medicare Options Compare, a web-based tool that helps inform beneficiaries about Medicare enrollment choices. CMS incorporates new survey components in HOS, as appropriate, in order to provide outcome measures that QIOs and MAOs can utilize in quality improvement initiatives.

TECHNICAL ASSISTANCE

The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077) and the HOS e-mail address (hos@azqio.sdps.org) are available to provide assistance with questions regarding the data file.

Methodology

2010 MEDICARE ADVANTAGE ORGANIZATION PARTICIPATION

All Medicare Advantage Organizations (MAOs), including local and regional preferred provider organizations (PPOs), and continuing cost contracts that held §1876 risk and cost contracts, with Medicare contracts in effect on or before January 1, 2009 were required by CMS to administer the *Cohort 13 Baseline* survey in 2010. MAOs composed exclusively of Special Needs Plan (SNP) benefit packages, regardless of institutionalized, chronically ill or dual eligible enrollment were also included in the above requirement. Private-Fee-For-Service (PFFS) plans and Medical Savings Accounts with Medicare contracts in effect on or before January 1, 2009, were required to report HOS in 2010. Furthermore, all MAOs that administered the HOS *Cohort 11 Baseline* Survey in 2008 were required to administer the HOS *Cohort 11 Follow Up* survey in 2010.

All Program of All-Inclusive Care for the Elderly (PACE) plans with Medicare contracts in effect on or before January 1, 2009, were required by CMS to administer the Health Outcomes Survey-Modified (HOS-M) in 2010.

SAMPLING METHODOLOGY

2010 Cohort 13 Baseline Sampling

CMS identified beneficiaries who were eligible for sampling as follows:

- MAOs with fewer than 500 members were not required to report HOS.
- For MAOs with 500 to 1,200 members, all eligible members were included in the sample.
- For MAOs with more than 1,200 members and less than 3,000 members, a simple random sample of 1,200 members was selected for the baseline survey.
- For MAOs with 3,000 or more members, members who responded to the previous year's baseline survey were excluded from the random sample of 1,200 for the current year.
- Members were defined as eligible if they were 18 years or older on the date the sample was drawn. The six months enrollment requirement was waived beginning in 2009, and the exclusion for End Stage Renal Disease (ESRD) was removed in 2010.

For a more detailed discussion on sampling, data collection and submission please refer to the HEDIS 2010 Volume 6 manual¹ and the Medicare HOS website at www.hosonline.org.

¹ National Committee for Quality Assurance. *HEDIS® 2010, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2010.

Medicare HOS Instrument

The core HOS health status items were collected with the HOS 2.0 for the *Cohort 13 Baseline* survey. This instrument incorporates the Veterans RAND 12-Item Health Survey (VR-12).

Detailed information about the Medicare HOS instrument can be found in the HEDIS 2010 Volume 6 manual,¹ which may be purchased by calling the NCQA Customer Support Telephone Line at 1-888-275-7585 or via NCQA's Secure Online Order Center (www.ncqa.org). The survey form may be obtained from the Survey Instrument section of the Medicare HOS website at www.hosonline.org. An annotated Baseline Survey form showing the field names for each question may be found in Appendix B. Additionally, a glossary of terms related to the survey may be accessed from the Program Overview section of the HOS website.

SUMMARY MEASURES

Veterans RAND 12-Item Health Survey (VR-12)

Physical and mental health status are measured in the Medicare HOS 2.0 with the VR-12 health survey. The VR-12 consists of 14 items. Twelve items are used to aggregate scales from each of the eight concepts of health in the earlier 36-item surveys: physical functioning, role-physical, role-emotional, bodily pain, social functioning, mental health, vitality, and general health. Two of the 14 items, which ask about change in physical health and emotional health compared to one year ago, are not used in the calculation of the physical component summary (PCS) and mental component summary (MCS) scores. The field names for the 14 items begin with the prefix "B13VR" in the data file.

The PCS and MCS scores were calculated from the VR-12 using the Modified Regression Estimate (MRE).² The MRE is a general method for obtaining scale scores for the eight domains in the context of missing data. The MRE uses complete cases to estimate a regression equation where only those items that are present are used. Depending on the pattern of missing item responses, a different set of regression weights is required.³ With the MRE it is possible to obtain scores for PCS alone, MCS alone, or for both scores. Therefore a completed survey has been defined as one that could be used to calculate at least one of the scores.

PCS and MCS scores were standardized to the U.S. population and were 1990 norm-based, so that scores have a direct interpretation in relation to the distribution of scores in the U.S. population, which have a mean of 50 and a standard deviation of 10. On a scale of 0-100, a

² Iqbal SU, Rogers W, Selim A, Qian S, Lee A, Ren, XS, Rothendler, J, Miller D, Kazis L. The Veterans RAND 12 Item Health Survey (VR-12): What it is and How it is used. Accessed April 6, 2011 at www.chqoer.research.va.gov/docs/VR12.pdf.

³ Spiro A, Rogers WH, Qian S, Kazis L. *Imputing physical and mental summary scores (PCS and MCS) for the Veterans SF-12 Health Survey in the context of missing data*. Technical Report prepared by: The Health Outcomes Technologies Program, Health Services Department, Boston University School of Public Health, Boston, MA and The Institute for Health Outcomes and Policy, Center for Health Quality, Outcomes and Economic Research, Veterans Affairs Medical Center, Bedford, MA. 2004. Accessed April 6, 2011 at www.hosonline.org/surveys/hos/download/HOS_Veterans_12_Imputation.pdf.

higher PCS or MCS score reflects better health status. For the PCS, very high scores indicate no physical limitations, disabilities or decline in well being; high energy level; and a rating of health as “excellent.” For the MCS, very high scores indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems.

The PCS and MCS scores were case-mix adjusted to allow for equitable comparisons across all MAOs. Case-mix adjustment is a statistical technique that controls for differences in demographics, socioeconomic characteristics, chronic medical conditions, and HOS study design variables.

Data File Characteristics

The file is a SAS^{®4} data set generated with SAS Version 9.1.3. There are no formats permanently associated with the variables. The file contains one record per beneficiary. Field names begin with the **B13** prefix to reflect the cohort number. The only field without a prefix is the Health Insurance Claim number, **HICNUM**, which is a unique alphanumeric identifier used to identify each beneficiary in the file. There are a total of 178 fields in the *Cohort 13 Baseline* data file.

Each state level Baseline data file contains all beneficiaries from the national HOS sample for MAOs within that state, including survey respondents, non-respondents, and those identified as ineligible. Both seniors (age ≥ 65) and disabled (age < 65) are included. Respondents are defined as those for whom a PCS or a MCS score can be calculated (B13PCS or B13MCS not equal to missing). The field B13INVSERV identifies beneficiaries as eligible (B13INVSERV=0) or ineligible (B13INVSERV=1). The analytic sample includes all beneficiaries who met the following criteria:

- Completed the baseline survey, where a completed survey is one for which a PCS or a MCS score can be calculated (B13PCS or B13MCS not equal to missing)
- Age 65 or older (B13AGE greater than or equal to 65)

The field B13ANALYT identifies beneficiaries as belonging to the analytic sample (B13ANALYT=1), or excluded from the analytic sample (B13ANALYT=0). The field B13PLANSTN is the state designation, which in most cases was assigned to the MAO from the 2010 Plan Contract List obtained from HPMS. A small number of MAOs were reassigned because a majority of beneficiaries resided in a different state from the one designated in HPMS, or were reassigned for consistency with previous cohorts. The *Cohort 13 Baseline* survey included several Private Fee-For-Service (PFFS) and Regional Preferred Provider Organization (RPPO) plans. These plans usually include members from several states. Therefore, the PFFS and RPPO plans were excluded from state totals in the *2010 Cohort 13 Baseline* Report, and they were excluded from the state level data file. They were, however, included in the national HOS totals in the report. A second state field B13RPTST was assigned the value of FS and RS for the PFFS and RPPO plans, respectively. For all other plans, B13RPTST has the same value as B13PLANSTN. The field **B13RPTST** is the state level unit of analysis for the *2010 Cohort 13 Baseline* Report. The field **B13CONTRACT** is the MAO level unit of analysis for the *2010 Cohort 13 Baseline* Report.

NEW AND REVISED FIELDS

The following survey fields are **new** in the *Cohort 13 Baseline* data file.

- B13SNPTYPE, the type of Special Needs Plan (SNP), has been added.
- B13PLTAXST, the plan tax status, has been added.

⁴ SAS[®] is a registered trademark of the SAS Institute Inc., Cary, NC

Selected field attributes (i.e., field name, type, length and/or label) may have been modified for some fields included in the *Cohort 13 Baseline* data file when compared to the same fields in previous HOS data files. You may refer to Appendix A for detailed information regarding all field attributes contained in the *Cohort 13 Baseline* data file.

EXCLUDED FIELDS

The following survey fields were **excluded** in the *Cohort 13 Baseline* data file compared with the *Cohort 12 Baseline* file.

- B13NCQASPCID, the NCQA special area ID, has been removed.
- B13CHIN, the Chinese protocol flag, has been removed.

FIELD OVERVIEW

The following is a general description of fields included in the *Cohort 13 Baseline* data file. The fields are listed in the order they appear in the SAS data file. CMS administrative fields were obtained from a combination of CMS databases.

Beneficiary and Plan Level Fields (Fields 1-4)

Fields in this section include the Health Insurance Claim (HIC) number and anonymous beneficiary and plan identification numbers. The HIC number field HICNUM is obtained from CMS data and is a unique identifier for each beneficiary. HICNUM was the beneficiary level unit of analysis for the *2010 Cohort 13 Baseline* Report.

Plan Level Fields (Fields 5-13)

Fields in this section are taken from the header record of the *Cohort 13 Baseline* data file and include information about the MAO's contract and plan identifiers. The contract number B13CONTRACT and plan identifier B13PLANID represent the member's plan assignment at the time of the baseline sampling in 2010. The CMS contract identifier B13CONTRACT is of the form Hxxxx or Rxxxx, where xxxx represents a unique four digit number. Similarly, the plan identifier B13PLANID is of the form Hxxxx or Rxxxx, and is identical to B13CONTRACT. Please note that the contract number field B13CONTRACT was the MAO level unit of analysis for the Medicare HOS *2010 Cohort 13 Baseline* Report.

Member Level Record Fields (Fields 14-42)

Fields in this section are taken from the member level record of the baseline file and were obtained from CMS data at the time the sample files were created. The plan benefit package (PBP) identifier, SNP type, beneficiary link key, and phone numbers, as well as the beneficiary address fields (mailing address, county, state, and ZIP code), are included. The PBP identifier, B13PBPID, identifies the plan benefit package within a contract to which the beneficiary belongs at baseline. Each contract may contain one or more PBPs, and some PBPs are SNPs. B13SNPTYPE identifies the type of SNP PBP in which certain vulnerable beneficiaries are

enrolled at baseline. Three types of special needs beneficiaries may be targeted for SNP enrollment: 1) beneficiaries with severe or disabling chronic conditions, 2) dual-eligibles, and 3) the institutionalized. Further information about SNPs, such as contract number, contract name, plan ID, enrollment, and type of medical condition(s) served, may be obtained from the SNP Comprehensive Report that is available on CMS' Medicare Advantage/ Part D Contract and Enrollment page at <http://www.cms.gov/MCRAdvPartDEnrolData/SNP/list.asp>. B13BPID is a character variable which contains a three digit number, filled with leading zeros, and corresponds to the PlanID column of the SNP Comprehensive Report. Beneficiary race, gender, date of birth, reason for entitlement, hospice status, and Medicaid status are also included in this section. The survey field B13SRVIND indicates if a beneficiary was sampled for inclusion in (1) *Cohort 13 Baseline* only, (2) *Cohort 11 Follow Up* only, or (3) *Cohort 13 Baseline* and *Cohort 11 Follow Up*. Only values of 1 or 3 are valid for this data file.

Survey Fields (Fields 43-131)

This section contains survey fields from the 64 questions comprising the HOS 2.0 instrument. It includes beneficiary responses to questions pertaining to the VR-12 Health Survey, health status, demographics, activities of daily living, number of physically and mentally unhealthy days, chronic medical conditions, depression, urinary incontinence, physical activity, falls, osteoporosis testing, height, weight, and the name of the person who completed the survey. The 12-item health survey portion of the HOS instrument (questions 1 [Q1] through 7 [Q7]) is used to obtain physical and mental health summary measures.

Survey Administration Fields (Fields 132-143)

For each beneficiary, the fields in this section include the disposition of the survey, the round in which the survey was obtained, the date the survey was completed, and the language in which the survey was completed. Other fields in this section include a flag for beneficiaries who have requested to be excluded from future HOS sampling and an ineligible survey flag. An additional field B13DISP indicates whether respondents completed the survey by mail or telephone. Other fields include the percentage of the survey that was completed and an indicator for a "complete" survey (with at least 80% completion of the items).

SAS Dates (Fields 144-148)

This section provides SAS dates for date of birth, date of survey, date of enrollment into the plan, and enrollment limit. For beneficiaries with a missing survey date, a date of May 12, 2010 was imputed to represent the midpoint date of the sampling timeframe. This imputation was used to generate the SAS date field B13TSRVDATIM, which is equal to the original survey date except in those instances where a date has been imputed due to a missing survey date.

Analytic Fields (Fields 149-161)

This section contains the baseline analytic fields used for analysis and reporting. Categorical fields include Body Mass Index (BMI), enrollment duration, age group, racial group, marital status, education level, annual household income, number of chronic medical conditions, and a

depression screen indicator. The beneficiary's baseline date of birth B13TDOB and survey date B13TSRV DATIM were used to derive the beneficiary's age at baseline B13AGE.

Summary Measures (Fields 162-165)

Included in this section are the unadjusted PCS and MCS scores (B13PCS and B13MCS) and the adjusted PCS and MCS scores (B13ADJPCS and B13ADJMCS) used in the *Cohort 13 Baseline* analysis and reporting. Individual scale scores for the VR-12 are not available.

Analytical Sample Indicator Field (Field 166)

This section includes the baseline analytic sample indicator B13ANALYT, which indicates whether beneficiaries were seniors (age 65 or older) and had calculable PCS or MCS scores. This field can be utilized to identify records that were included in the *Cohort 13 Baseline* analytic sample.

Plan Characteristics Fields (Fields 167-178)

Fields in this section provide plan characteristics, including plan type, tax status, organization name, state, and CMS region code. The information was obtained from the August 2010 HPMS Plan Contract List and the May 2010 CMS Monthly Report of Managed Care Health Plans. The CMS Monthly Report is available at www.cms.gov/MCRAdvPartDENrolData. The information links to the contract number field B13CONTRACT. Typically, plan state and CMS region designations are determined at the MAO level and are assigned to the state and region in which an MAO is reported. The reporting state field B13RPTST is the state level unit of analysis for the *2010 Cohort 13 Baseline* Report.

DATA FIELD UTILIZATION NOTES

- ◆ The HOS questionnaire contains multiple skip patterns. Caution should be exercised when examining questions that involve skip pattern responses. The skip patterns are indicated on the survey instruments in Appendix B.
- ◆ Some demographic fields (birth year, race, and gender) were obtained from CMS Medicare databases at the baseline sampling, and also from the data provided by the respondent in the survey. Inconsistencies may exist between the CMS fields and the corresponding respondent survey data. Caution should be exercised when examining these fields.
- ◆ Some question numbers in this year's Baseline survey may differ from previous years' surveys. Caution should be exercised when examining the data across multiple cohorts.

Appendix A

2010 Cohort 13 Baseline Data File Specifications

DATA FILE LAYOUT BY POSITION

The following table describes the field attributes for the *Cohort 13 Baseline* data file. The fields are sorted in the order they appear in the file. There are a total of 178 fields in the data file. The “Comments” column indicates where the field was obtained, and if applicable, how it was derived. Fields obtained directly from the HOS instrument are so indicated. For the survey level items, the exact text of each question can be obtained from Appendix B or by referring to the HEDIS 2010, Volume 6 manual.¹

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
1	HICNUM HIC Number	Char	12		From CMS Data Unique beneficiary identifier Beneficiary level unit of analysis for the Cohort 13 Baseline Report
2	B13PATID Anonymous Beneficiary ID	Num	8		Derived field Unique beneficiary ID May be used as a database key if personally identifiable fields (e.g. HICNUM) were removed.
3	B13PLAN Anonymous Plan ID	Num	8		Derived field Unique plan ID May be used as a database key if plan identifiable fields (e.g. B13PLANID) were removed.
4	B13RECID Record ID	Char	1		Obtained from Header Record Every record contains a tilde “~” (not used)
5	B13RPTYR Report Year	Num	3		Obtained from Header Record Measurement year for the <i>Cohort 13 Baseline</i> sample
6	B13CONTRACT Contract Number	Char	5		Obtained from Header Record MAO level unit of analysis for the Cohort 13 Baseline Report
7	B13PLAN_NAME Plan Name	Char	70		Obtained from Header Record MAO name
8	B13PRODUCT Reporting Product	Num	3	0= NA 1= HMO 2= HMO/POS Combined 3= POS 4= PPO 6= FFS/Indemnity (PFFS) 8= PPO/PFFS 9= HMO/PPO/POS Combined 10 =HMO/PPO Combined 11 =POS/PPO Combined	Obtained from Header Record

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
9	<i>B13MODEL</i> Model Type	Num	3	0 = None 1 = Group 2 = IPA 3 = Mixed 4 = Network 5 = Staff	Obtained from Header Record
10	<i>B13VENDOR</i> Vendor	Num	3	1415 = DataStat 1417 = DSS Research 1437 = Synovate 1440 = MORPACE, Inc. 1463 = The Myers Group 1471 = WB&A Market Research	Obtained from Header Record
11	<i>B13NCQAORGID</i> NCQA Healthcare Organization ID	Num	8		Obtained from Header Record
12	<i>B13NCQASUBID</i> NCQA Submission ID	Num	8		Obtained from Header Record
13	<i>B13PLANID</i> Plan ID	Char	6		Obtained from the Sample File
14	<i>B13BPID</i> Plan Benefit Package Number	Char	3		Obtained from the Sample File 3-digit number filled with leading zeros corresponding to PlanID in SNP Comprehensive Report on the CMS website
15	<i>B13SNPTYPE</i> Type of Special Needs Plan	Num	3	1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional	Obtained from the Sample File
16	<i>B13BLKEY</i> Beneficiary Link Key	Char	13		Obtained from the Sample File
17	<i>B13PHONE</i> Member Telephone with Successful Contact	Char	10		Obtained from the Sample File
18	<i>B13FNAME</i> First Name	Char	15		Obtained from the Sample File
19	<i>B13MIDINIT</i> Middle Initial	Char	1		Obtained from the Sample File
20	<i>B13LNAME</i> Last Name	Char	24		Obtained from the Sample File
21	<i>B13ZIP</i> Member Zip Code	Char	22		Obtained from the Sample File Zip + 4 separated by a hyphen
22	<i>B13ADDRESS</i> Combined Address (Member Address Fields)	Char	137		Derived by concatenating all address fields from the Sample File
23	<i>B13STATEABV</i> State Abbreviation	Char	2		Derived field Two letter state abbreviation derived from state SSA code B13STATECDE

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
24	<i>B13STNAME</i> State Name	Char	20		Derived field State name derived from state SSA code B13STATECDE
25	<i>B13STATECDE</i> State SSA Code	Char	2		Obtained from the Sample File Two digit state SSA code
26	<i>B13CTNAME</i> County Name	Char	21		Derived field County name derived from county SSA code B13CNTYCDE
27	<i>B13CNTYCDE</i> County SSA Code	Char	3		Obtained from the Sample File Three digit county SSA code
28	<i>B13ZIPCDE</i> Zip Code	Char	9		Obtained from the Sample File Zip + 4 without a hyphen
29	<i>B13RACE</i> Race (CMS)	Num	3	0=Unknown 1=White 2=Black 3=Other 4=Asian 5=Hispanic 6=North American Native	Obtained from the Sample File
30	<i>B13GENDER</i> Gender (CMS)	Num	3	1=Male 2=Female	Obtained from the Sample File
31	<i>B13SSN</i> Social Security Number	Char	9		Obtained from the Sample File Nine digit number without hypens
32	<i>B13DOB</i> Date of Birth	Char	8		Obtained from the Sample File Displayed as MMDDYYYY
33	<i>B13DOD</i> Date of Death	Char	8		Obtained from the Sample File (blank for all records)
34	<i>B13DOE</i> Accretion Date to Plan	Char	8		Obtained from the Sample File Date of enrollment displayed as MMDDYYYY
35	<i>B13DOT</i> Termination Date	Char	8		Obtained from the Sample File (blank for all records)
36	<i>B13ESRD</i> ESRD Indicator	Num	3	0=No ESRD 1=ESRD	Obtained from CMS data
37	<i>B13INSTUT</i> Institutional Status	Num	3	0=Out of Institution 1=Institutionalized	Obtained from CMS data
38	<i>B13HOSPICE</i> Hospice Status	Num	3	0=No hospice start date present 1=Hospice start date present	Obtained from CMS data
39	<i>B13MEDICAID</i> Medicaid Status	Num	3	0=Out of Medicaid 1=In Medicaid	Obtained from CMS data
40	<i>B13ENTITLE</i> Reason for Entitlement	Num	3	10=Aged without ESRD 11=Aged with ESRD 20=Disabled without ESRD 21=Disabled with ESRD 31=ESRD only	Obtained from the Sample File

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
41	<i>B13PROTID</i> Protocol Identifier Flag	Num	3	1=Follow-Up-No Proxy at Baseline 2=Follow-Up-Proxy at Baseline 3=Baseline 4=Spanish Follow-Up 6=Chinese	Obtained from the Sample File
42	<i>B13SRVIND</i> Survey Indicator	Num	3	1=BASE (baseline survey only) 2=FUR (follow-up survey only) 3=FUBSR (both baseline and follow-up surveys)	Obtained from the Sample File (Only values of 1 and 3 are valid for the baseline data set.)
43	<i>B13VRGENHTH</i> Q1 General Health Question	Num	3	1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor	Entered from the survey (See Appendix B)
44	<i>B13VRMACT</i> Q2a Health Limitation-In moderate activities	Num	3	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all	Entered from the survey (See Appendix B)
45	<i>B13VRSTAIR</i> Q2b Health Limitation-Climbing several flights	Num	3	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all	Entered from the survey (See Appendix B)
46	<i>B13VRPACCL</i> Q3a Physical-Accomplished less than you would like	Num	3	1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time	Entered from the survey (See Appendix B)
47	<i>B13VRPWORK</i> Q3b Physical-Limited in work or activities	Num	3	1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time	Entered from the survey (See Appendix B)
48	<i>B13VRMACCL</i> Q4a Emotional-Accomplished less than you would like	Num	3	1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time	Entered from the survey (See Appendix B)
49	<i>B13VRMWORK</i> Q4b Emotional-Did not do work or activities as carefully	Num	3	1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time	Entered from the survey (See Appendix B)
50	<i>B13VRPAIN</i> Q5 Pain-Interfered with normal work	Num	3	1=Not at all 2=A little bit 3=Moderately 4=Quite a bit 5=Extremely	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
51	<i>B13VRCALM</i> Q6a Felt calm and peaceful	Num	3	1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time	Entered from the survey (See Appendix B)
52	<i>B13VREENERGY</i> Q6b Have a lot of energy	Num	3	1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time	Entered from the survey (See Appendix B)
53	<i>B13VRDOWN</i> Q6c Felt downhearted and blue	Num	3	1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time	Entered from the survey (See Appendix B)
54	<i>B13VRSACT</i> Q7 Social Activities	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
55	<i>B13VRPHCMP</i> Q8 Physical Health compared to 1 Year Ago	Num	3	1 =Much better 2 =Slightly better 3 =About the same 4 =Slightly worse 5 =Much worse	Entered from the survey (See Appendix B)
56	<i>B13VRMHCMP</i> Q9 Emotional Health compared to 1 Year Ago	Num	3	1 =Much better 2 =Slightly better 3 =About the same 4 =Slightly worse 5 =Much worse	Entered from the survey (See Appendix B)
57	<i>B13ADLBTH</i> Q10a Difficulty Bathing	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)
58	<i>B13ADLDRS</i> Q10b Difficulty Dressing	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)
59	<i>B13ADLEAT</i> Q10c Difficulty Eating	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)
60	<i>B13ADLCHR</i> Q10d Difficulty Getting in or out of Chairs	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)
61	<i>B13ADLWLK</i> Q10e Difficulty Walking	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
62	<i>B13ADLTLT</i> Q10f Difficulty Using Toilet	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix B)
63	<i>B13HDPHY</i> Q11 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
64	<i>B13HDMEN</i> Q12 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
65	<i>B13HDACT</i> Q13 Number of Days Health Interfered with Daily Activities	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
66	<i>B13CHSTEX</i> Q14a Chest Pain-Exercise	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix B)
67	<i>B13CHSTRST</i> Q14b Chest Pain-Resting	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix B)
68	<i>B13SOBFLT</i> Q15a Short of Breath lying flat	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix B)
69	<i>B13SOBSIT</i> Q15b Short of Breath sitting or resting	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix B)
70	<i>B13SOBWLK</i> Q15c Short of Breath walking less than 1 block	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix B)
71	<i>B13SOBSTR</i> Q15d Short of Breath climbing 1 flight stairs	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix B)
72	<i>B13FTNUMB</i> Q16a Numbness or Loss of feeling in feet	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix B)
73	<i>B13FTSENS</i> Q16b Tingling burning in feet	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
74	<i>B13FTHC</i> Q16c Decreased feeling of hot or cold in feet	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
75	<i>B13FTSRS</i> Q16d Sores that do not heal on feet	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
76	<i>B13PNART</i> Q17 Arthritis pain	Num	3	1 =None 2 =Very Mild 3 =Mild 4 =Moderate 5 =Severe	Entered from the survey (See Appendix B)
77	<i>B13READ</i> Q18 See to read newspaper	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
78	<i>B13HEAR</i> Q19 Hear most things	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
79	<i>B13CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
80	<i>B13CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
81	<i>B13CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
82	<i>B13CCMI</i> Q23 A Myocardial Infarction or Heart Attack	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
83	<i>B13CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
84	<i>B13CCSTROKE</i> Q25 Stroke	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
85	<i>B13CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
86	<i>B13CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
87	<i>B13CCARTHIP</i> Q28 Arthritis of hip or knee	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
88	<i>B13CCARTHND</i> Q29 Arthritis of hand or wrist	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
89	<i>B13CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
90	<i>B13CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
91	<i>B13CCDIABET</i> Q32 Diabetes, or high blood sugar, or sugar in the urine	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
92	<i>B13CCANYCA</i> Q33 Any Cancer (other than skin cancer)	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
93	<i>B13CACOLON</i> Q34a Under Treatment for Colon Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
94	<i>B13CALUNG</i> Q34b Under Treatment for Lung Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
95	<i>B13CABRST</i> Q34c Under Treatment for Breast Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
96	<i>B13CAPROS</i> Q34d Under Treatment for Prostate Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
97	<i>B13PNBACK</i> Q35 Back Pain Interfered with Activities in Past 4 Weeks	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
98	<i>B13DEP2WK</i> Q36 Sad/Blue or Depressed for Two or more Weeks in Past Year	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
99	<i>B13DEPYR</i> Q37 Depressed or Sad for Much of Past Year	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
100	<i>B13DEP2YR</i> Q38 Depressed or Sad for Two or more Years in Your Life	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
101	<i>B13DEPWEEK</i> Q39 Depressed for How Much of the Time in Past Week	Num	3	1 =Less than one day 2 =One or two days 3 =Three or four days 4 =More than four days	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
102	<i>B13CMPHTH</i> Q40 General Health compared to peers	Num	3	1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor	Entered from the survey (See Appendix B)
103	<i>B13SMOKE</i> Q41 Smoke every day, some days, or not at all	Num	3	1=Every day 2=Some days 3=Not at all 4=Don't know	Entered from the survey (See Appendix B)
104	<i>B13MUILKG</i> Q42 Urine Leakage in Past 6 Months	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
105	<i>B13MUIMAG</i> Q43 Magnitude of Urine Leakage Problem	Num	3	1=A big problem 2=A small problem 3=Not a problem	Entered from the survey (See Appendix B)
106	<i>B13MUITLK</i> Q44 Talked with Doctor About Urine Leakage	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
107	<i>B13MUITRT</i> Q45 Received Treatment for Urine Leakage	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
108	<i>B13PAOTLK</i> Q46 Talked with Doctor About Physical Activities	Num	3	1=Yes 2=No 3=I had no visits in the past 12 months	Entered from the survey (See Appendix B)
109	<i>B13PAOADV</i> Q47 Advised to Increase or Maintain Activities	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
110	<i>B13FRMTLK</i> Q48 Talked with Doctor about Falling or Balance Problem	Num	3	1=Yes 2=No 3=I had no visits in the past 12 months	Entered from the survey (See Appendix B)
111	<i>B13FRMFALL</i> Q49 Fell in Past 12 Months	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
112	<i>B13FRMBAL</i> Q50 Problem with Walking or Balance in Past 12 Months	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
113	<i>B13FRMPREV</i> Q51 Talked with Doctor about How to Prevent Falls	Num	3	1=Yes 2=No 3=I had no visits in the past 12 months	Entered from the survey (See Appendix B)
114	<i>B13OTOTEST</i> Q52 Bone Density Test for Osteoporosis	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
115	<i>B13WEIGHT</i> Q53 How Much Do You Weigh in Pounds	Num	8	1 = 90 lbs. or less 2 = 91-100 lbs. 3 = 101-110 lbs. 4 = 111-120 lbs. 5 = 121-130 lbs. 6 = 131-140 lbs. 7 = 141-150 lbs. 8 = 151-160 lbs. 9 = 161-170 lbs. 10 = 171-180 lbs. 11 = 181-190 lbs. 12 = 191-200 lbs. 13 = 201-210 lbs. 14 = 211-220 lbs. 15 = 221-230 lbs. 16 = 231-240 lbs. 17 = 241-250 lbs. 18 = 251-260 lbs. 19 = 261-270 lbs. 20 = 271-280 lbs. 21 = 281-290 lbs. 22 = 291-300 lbs. 23 = 301-310 lbs. 24 = 311-320 lbs. 25 = 321 lbs. or more	Entered from the survey (See Appendix B)
116	<i>B13HEIGHT</i> Q54 How Tall Are You Without Shoes (ft.in.)	Num	8	1 = 5ft. 00 in. or less 2 = 5ft. 01 in. 3 = 5ft. 02 in. 4 = 5ft. 03 in. 5 = 5ft. 04 in. 6 = 5ft. 05 in. 7 = 5ft. 06 in. 8 = 5ft. 07 in. 9 = 5ft. 08 in. 10 = 5ft. 09 in. 11 = 5ft. 10 in. 12 = 5ft. 11 in. 13 = 6ft. 00 in. 14 = 6ft. 01 in. 15 = 6ft. 02 in. 16 = 6ft. 03 in. or more	Entered from the survey (See Appendix B)
117	<i>B13SRVBRYR</i> Q55 Survey-Birth Year	Char	4		Entered from the survey (See Appendix B)
118	<i>B13SRVGEND</i> Q56 Survey-Gender	Num	3	1 = Male 2 = Female	Entered from the survey (See Appendix B)
119	<i>B13HISPAN</i> Q57 Hispanic (Yes/No)	Num	3	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino	Entered from the survey (See Appendix B)
120	<i>B13RCNATAM</i> Q58a American Indian or Alaskan Native	Num	3	0 = Did not check American Indian or Alaskan Native 1 = Checked American Indian or Alaskan Native	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
121	<i>B13RCASIAN</i> Q58b Asian	Num	3	0=Did not check Asian 1=Checked Asian	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race
122	<i>B13RCAFRAM</i> Q58c Black or African American	Num	3	0=Did not check Black or African American 1=Checked Black or African American	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race
123	<i>B13RCNHPI</i> Q58d Native Hawaiian or other Pacific Islander	Num	3	0=Did not check Native Hawaiian or other Pacific Islander 1=Checked Native Hawaiian or other Pacific Islander	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race
124	<i>B13RCWHITE</i> Q58e White	Num	3	0=Did not check White 1=Checked White	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race
125	<i>B13RCOTHER</i> Q58f Another Race	Num	3	0=Did not check Another race 1=Checked Another race	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race
126	<i>B13MARITAL</i> Q59 Marital Status	Num	3	1=Married 2=Divorced 3=Separated 4=Widowed 5=Never Married	Entered from the survey (See Appendix B)
127	<i>B13EDUC</i> Q60 Education Level	Num	3	1=8th Grade or less 2=Some high school, but did not graduate 3=High school graduate or GED 4=Some college or 2 year degree 5=4 year college graduate 6=More than a 4 year college degree	Entered from the survey (See Appendix B)
128	<i>B13HMOWN</i> Q61 Homeowner Status	Num	3	1=Owned or being bought by you 2=Owned or being bought by someone in your family other than you 3=Rented for money 4=Not owned and you live in without payment of rent 5=None of the above	Entered from the survey (See Appendix B)
129	<i>B13CMPWHO</i> Q62 Who completed Survey	Num	3	1=Person to whom survey was addressed 2=Family member or relative of person to whom survey was addressed 3=Friend of person to whom survey was addressed 4=Professional caregiver of person to whom survey was addressed	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
130	<i>B13NMCOMP</i> Q63 Combined Name Person Completing Survey	Char	31		Entered from the survey (See Appendix B)
131	<i>B13HHINC</i> Q64 Household Income	Num	3	1 = Less than \$5,000 2 = \$5,000-\$9,999 3 = \$10,000-\$19,999 4 = \$20,000-\$29,999 5 = \$30,000-\$39,999 6 = \$40,000-\$49,999 7 = \$50,000-\$79,999 8 = \$80,000-\$99,999 9 = \$100,000 or More 10 = Don't Know	Entered from the survey (See Appendix B)
132	<i>B13SRVDISP</i> Survey Disposition	Char	3	Derived by the survey vendor (M=Mail, T=Telephone) M10/T10 = Complete survey (80-100% complete) M11/T11 = Non-response: partial survey (50-79% complete) M20/T20 = Ineligible: deceased M21/T21 = Ineligible: not enrolled in MCO M23/T23 = Ineligible: language barrier T24 = Ineligible: bad address AND phone number M25 = Ineligible: Respondent removed from sample M31/T31 = Non-response: break-off (0- 49% complete) M32/T32 = Non-response: refusal M33/T33 = Non-response: respondent unavailable M34/T34 = Non-response: respondent physically or mentally incapacitated M35/T35 = Non-response: respondent institutionalized M36/T36 = Non-response: after maximum attempts	
133	<i>B13SRVMODE</i> Round Survey Obtained	Char	2	Derived by the survey vendor (M=Mail, T=Telephone) M1 = 1 st mailing M2 = 2 nd mailing T1 = 1 st telephone T2 = 2 nd telephone T3 = 3 rd telephone T4 = 4 th telephone T5 = 5 th telephone T6 = 6 th telephone T7 = 7 th telephone T8 = 8 th telephone T9 = 9 th telephone MM = Partially completed by mail and converted to complete by mail re-contact MT = Partially completed by mail and converted to complete by telephone NC = Not completed	
134	<i>B13SRVLANG</i> Survey Language	Num	3	1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese	Generated by the survey vendor
135	<i>B13SRVDATE</i> Date Survey Completed	Char	8		Date the mail survey was received by the vendor or the date the telephone interview was conducted Displayed as MMDDYYYY

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
136	<i>B13VUCATI</i> Vendor Unique CATI ID	Char	8		Indicates which telephone interviewer conducted the interview
137	<i>B13MCONUM</i> MCO Provided Phone Number	Num	3	1 =Yes 2 =No	Generated by the survey vendor
138	<i>B13EXCLUDE</i> Request to be Excluded	Num	3	1 =Requested "Take me off your list and never contact me again" 2 =Did not request "Take me off your list and never contact me again"	Generated by the survey vendor
139	<i>B13DISP</i> Survey Disposition Indicator	Num	3	1 =Mail Survey Completed 2 =Telephone Survey Completed	Derived field
140	<i>B13INVSrv</i> Ineligible Survey Flag	Num	3	0 =Eligible 1 =Ineligible	Derived field Ineligible defined as B13SRVDISP values of M20/T20 = Ineligible: deceased M21/T21 = Ineligible: not enrolled in MCO M23/T23 = Ineligible: language barrier T24 = Ineligible: bad address AND phone number M25 = Ineligible: removed from sample
141	<i>B13PCTCMP</i> Percent of Survey Completed	Num	8		Derived field
142	<i>B13CMPSRV</i> Completed Survey (80% Criteria)	Num	3	0 =Incomplete Survey 1 =Completed Survey (80% criteria)	Derived field
143	<i>B13CMPFLG</i> Name Provided in Q63 Flag	Num	3	0 =Name Not Provided 1 =Name Provided for person completing survey	Derived field
144	<i>B13TDOB</i> SAS Date of Birth	Num	8		Derived field SAS date for B13DOB MMDDYY10. format
145	<i>B13TSRVDAT</i> SAS Date of Survey	Num	8		Derived field SAS date for B13SRVDAT MMDDYY10. format
146	<i>B13TDOE</i> SAS Date of Accretion into Plan	Num	8		Derived field SAS date for date of enrollment B13DOE MMDDYY10. format
147	<i>B13TSRVDATIM</i> SAS Date of Survey (Missing Imputed)	Num	8		Derived field If B13SRVDATE missing, then B13TSRVDATIM=May 12, 2010 Otherwise B13TSRVDATIM=B13SRVDATE MMDDYY10. format

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
148	<i>B13DOELMT</i> SAS Date-Accretion Limit - 03/01/2010	Num	8		Derived field SAS date for date of enrollment limit B13DOELMT (03/01/2010 for all records) MMDDYY10. format
149	<i>B13BMI</i> Calculated Body Mass Index	Num	8		Derived field BMI = (weight / height ²)*703 Units: midpoint of weight category in pounds; height in inches
150	<i>B13BMICAT</i> Categories of Body Mass Index	Num	3	1=Underweight (BMI < 20) 2=Normal (BMI 20 - <25) 3=Overweight (BMI 25 - <30) 4=Obese (BMI 30 - <35) 5=Morbid Obesity (BMI ≥35)	Derived from B13BMI
151	<i>B13ENRDUR</i> Enrollment Duration (Months)	Num	8		Derived field Enrollment duration in months: (B13DOELMT-B13TDOE)/30
152	<i>B13ENRCAT</i> Enrollment Duration Categories	Num	8	1=less than 6 months 2=6 to 12 months 3=13 to 36 months 4=37 months or more	Derived from B13ENRDUR
153	<i>B13AGE</i> Age (Exact Calculation)	Num	8		Derived field Calculated by counting the number of months between the SAS date fields B13TDOB and B13TSRVDATIM, then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age.
154	<i>B13AGECAT</i> Age Groups (6 Categories from Calculated AGE)	Num	8	0=less than 65 years 1=65 to 69 years 2=70 to 74 years 3=75 to 79 years 4=80 to 84 years 5= 85 years or older	Derived from B13AGE
155	<i>B13RACECAT</i> Race Groups (3 Categories from CMS Race)	Num	8	1=White 2=Black 3=Other	Derived from the CMS Race field B13RACE
156	<i>B13MARCAT</i> Marital Status Using Combined Groups	Num	3	1=Married 2=Divorced/Separated 3=Widowed 4=Never married	Derived from B13MARITAL
157	<i>B13EDCAT</i> Educational Status Using Combined Groups	Num	3	1=Did not graduate high school 2=High school graduate or GED 3=Some college or 2 year degree 4=4 year college degree or beyond	Derived from B13EDUC

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
158	<i>B13INCCAT</i> Household Income Using Combined Groups	Num	3	1=Income less than \$10,000 2=Income \$10,000 to \$19,999 3=Income \$20,000 to \$29,999 4=Income \$30,000 to \$49,999 5=Income \$50,000 or more 6=Don't know	Derived from B13HHINC
159	<i>B13DEPSCREEN</i> Positive Depression Screen	Num	3	0=Negative 1=Positive	Derived field Positive: answered "Yes" to Q36, Q37, or Q38 or ≥ 1 day for Q39
160	<i>B13COMO</i> Number of Chronic Medical Conditions	Num	3		Derived field Total number of "Yes" answers to Q20 through Q33
161	<i>B13COMOCT</i> Number of Chronic Medical Conditions Category	Num	3	0=No conditions 1=One condition 2=Two conditions 3=Three conditions 4=Four or more conditions	Derived from B13COMO
162	<i>B13PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field Unadjusted PCS score
163	<i>B13MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field Unadjusted MCS score
164	<i>B13ADJPCS</i> Adj. Physical Component Summary Score	Num	8		Derived field Case mix adjusted PCS score
165	<i>B13ADJMCS</i> Adj. Mental Component Summary Score	Num	8		Derived field Case mix adjusted MCS score
166	<i>B13ANALYT</i> Baseline Analytic Indicator	Num	8	0=Not included in analytic sample 1=Included in analytic sample	Derived field Respondents ≥ 65 with a calculable PCS or MCS score were included in the analytic sample.
167	<i>B13MONRPT</i> Monthly Report Date - source CMS 05/10	Num	8		SAS date of CMS Monthly Report of Managed Care Health Plans May 1, 2010 for all records MMDDYY10. format
168	<i>B13PLTYPE</i> Plan Type - source CMS 05/10	Char	40		Obtained from the May 2010 CMS Monthly Report of Managed Care Health Plans
169	<i>B13PLORGNM</i> Plan Organization Name - source CMS 05/10	Char	50		Obtained from the May 2010 CMS Monthly Report of Managed Care Health Plans

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
170	<i>B13PLMEDP</i> Plan Medicare Product Name - source CMS 05/10	Char	50		Obtained from the May 2010 CMS Monthly Report of Managed Care Health Plans
171	<i>B13PLPOP</i> Plan Population - source CMS 05/10	Num	8		Obtained from the May 2010 CMS Monthly Report of Managed Care Health Plans
172	<i>B13PLSTDT</i> Plan Start Date - source CMS 05/10	Num	8		Obtained from the May 2010 CMS Monthly Report of Managed Care Health Plans MMDDYY10. format
173	<i>B13PLANSTN</i> Plan State	Char	2		Obtained from the August 2010 Plan Contract List from HPMS
174	<i>B13PLTAXST</i> Plan Tax Status	Char	25		Obtained from the August 2010 Plan Contract List from HPMS
175	<i>B13PLDUR</i> Duration of Plan Contract - Years	Num	8		Derived field Duration of plan contract in years: (B13TDOELMT- B13PLSTDT) /365.25
176	<i>B13PLNDCT</i> Duration of Plan Contract Categories	Num	8	1=less than 1 year 2=1 to 4 years 3=5 to 9 years 4=10 years or more	Derived from B13PLDUR
177	<i>B13PLREGCDE</i> Plan CMS Region Code	Num	3	Derived from the CMS region field in the August 2010 Plan Contract List from HPMS 1 =Region 1 - Boston (CT, ME, MA, NH, RI, and VT) 2 =Region 2 - New York (NY, NJ, PR, and the VI) 3 = Region 3 - Philadelphia (DE, DC, MD, PA, VA, and WV) 4 =Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, and TN) 5 =Region 5 - Chicago (IL, IN, MI, MN, OH, and WI) 6 =Region 6 - Dallas (AR, LA, NM, OK, and TX) 7 =Region 7 - Kansas City (IA, KS, MO, and NE) 8 =Region 8 - Denver (CO, MT, ND, SD, UT, and WY) 9 =Region 9 - San Francisco (AZ, CA, Guam, HI, and NV) 10 =Region 10 - Seattle (AK, ID, OR, and WA)	
178	<i>B13RPTST</i> Reporting Plan State	Char	2	FS = Private Fee For Service RS = Regional PPO All other values are identical to state codes from the B13PLANSTN field	Derived field State level unit of analysis for the Cohort 13 Baseline Report

Appendix B

Annotated Baseline Survey Form

2010 MEDICARE HEALTH OUTCOMES SURVEY

1. In general, would you say your health is: B13VRGENHTH

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

2. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	B13VRMACT <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Climbing several flights of stairs	B13VRSTAIR <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Accomplished less than you would like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B13VRPACCL				
b. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B13VRPWORK				

4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Accomplished less than you would like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B13VRMACCL				
b. Didn't do work or other activities as carefully as usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B13VRMWORK				

5. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

B13VRPAIN

Not at all	A little bit	Moderately	Quite a bit	Extremely
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

6. How much of the time during the **past 4 weeks**:

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
	B13VRCALM					
b. Did you have a lot of energy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
	B13VREENERGY					
c. Have you felt downhearted and blue?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
	B13VRDOWN					

7. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

B13VRSACT

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Now, we'd like to ask you some questions about how your health may have changed.

8. **Compared to one year ago**, how would you rate your **physical health** in general **now**?

B13VRPHCMP

Much better	Slightly better	About the same	Slightly worse	Much worse
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

9. **Compared to one year ago**, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now**?

B13VRMHCMP

Much better	Slightly better	About the same	Slightly worse	Much worse
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions in this area.

10. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person**?

		No, I do not have difficulty	Yes, I have difficulty	I am unable to do this activity
a. Bathing.....	B13ADLBTH	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing.....	B13ADLDRS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating.....	B13ADLEAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs.....	B13ADLCHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking.....	B13ADLWLK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	B13ADLTLT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

These next questions ask about your physical and mental health during the past 30 days.

11. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your physical health **not** good?

Please enter a number between "0" and "30" days. If no days, please enter "0" days.

		days
--	--	------

B13HDPHY

12. Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health **not** good?

Please enter a number between "0" and "30" days. If no days, please enter "0" days.

		days
--	--	------

B13HDMEN

13. During the **past 30 days**, for about how many days did **poor** physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Please enter a number between "0" and "30" days. If no days, please enter "0" days.

		days
--	--	------

B13HDACT

Now we are going to ask some questions about specific medical conditions.

14. During the **past 4 weeks**, how often have you had any of the following problems?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Chest pain or pressure when you exercise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13CHSTEX					
b. Chest pain or pressure when resting.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13CHSTRST					

15. During the **past 4 weeks**, how often have you felt short of breath under the following conditions?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. When lying down flat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13SOBFLT					
b. When sitting or resting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13SOBSIT					
c. When walking less than one block.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13SOBWLK					
d. When climbing one flight of stairs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13SOBSTR					

16. During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Numbness or loss of feeling in your feet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13FTNUMB					
b. Tingling or burning sensation in your feet especially at night	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13FTSENS					
c. Decreased ability to feel hot or cold with your feet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13FTHC					
d. Sores or wounds on your feet that did not heal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B13FTSRS					

17. During the **past 4 weeks**, how would you describe any arthritis pain you usually had?

	None	Very Mild	Mild	Moderate	Severe		
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
						Yes	No

B13PNART

18. Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?.....

B13READ

19. Can you hear **most** of the things people say (with a hearing aid if that's how you hear best)?

B13HEAR

Has a doctor ever told you that you had:

Yes **No**

20. Hypertension or high blood pressure

B13CCHBP

21. Angina pectoris or coronary artery disease

B13CC_CAD

22. Congestive heart failure

B13CC_CHF

23. A myocardial infarction or heart attack

B13CCMI

24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat.....

B13CCHRTOTH

25. A stroke

B13CCSTROKE

26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease).....

B13CC_COPD

27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease

B13CCGI

28. Arthritis of the hip or knee

B13CCARTHIP

29. Arthritis of the hand or wrist

B13CCARTHND

30. Osteoporosis, sometimes called thin or brittle bones

B13CCOSTEO

31. Sciatica (pain or numbness that travels down your leg to below your knee)

B13CCSCIATI

32. Diabetes, high blood sugar, or sugar in the urine

B13CCDIABET

Has a doctor ever told you that you had:

Yes No

33. Any cancer (other than skin cancer)..... B13CCANYCA 1 2

If you answered "yes" to question 33 above (that you have had cancer),

34. Are you currently under treatment for:

Yes No

a. Colon or rectal cancer B13CACOLON 1 2

b. Lung cancer B13CALUNG 1 2

c. Breast cancer..... B13CABRST 1 2

d. Prostate cancer B13CAPROS 1 2

35. In the **past 4 weeks**, how often has low back pain interfered with your usual daily activities (work, school or housework)?

B13PNBACK

All of the time

Most of the time

Some of the time

A little of the time

None of the time

1

2

3

4

5

Yes No

36. In the past **year**, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed? B13DEP2WK 1 2

37. In the past **year**, have you felt depressed or sad much of the time? B13DEPYR 1 2

38. Have you ever had **2 years or more** in your life when you felt depressed or sad most days, even if you felt okay sometimes?..... B13DEP2YR 1 2

39. How much of the time in the past **week** did you feel depressed? B13DEPWEEK

Less than one day

One or two days

Three or four days

More than four days

1

2

3

4

40. In general, compared to other people your age, would you say that your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

B13CMPHTH

41. Do you now smoke every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 4 Don't know

B13SMOKE

42. Many people experience problems with urinary incontinence, the leakage of urine. In the **past 6 months**, have you accidentally leaked urine?

- 1 Yes → **Go to Question 43**
- 2 No → **Go to Question 46**

B13MUILKG

43. How much of a problem, if any, was the urine leakage for you?

- 1 A big problem → **Go to Question 44**
- 2 A small problem → **Go to Question 44**
- 3 Not a problem → **Go to Question 46**

B13MUIMAG

44. Have you talked with your current doctor or other health provider about your urine leakage problem?

- 1 Yes
- 2 No

B13MUITLK

45. There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?

- 1 Yes
- 2 No

B13MUITRT

46. In the **past 12 months**, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.

B13PAOTLK

1 Yes → Go to Question 47

2 No → Go to Question 47

3 I had no visits in the past 12 months → Go to Question 48

47. In the **past 12 months**, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

B13PAOADV

1 Yes

2 No

48. A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking?

B13FRMTLK

1 Yes

2 No

3 I had no visits in the past 12 months

49. Did you fall in the **past 12 months**?

B13FRMFALL

1 Yes

2 No

50. In the **past 12 months**, have you had a problem with balance or walking?

B13FRMBAL

1 Yes

2 No

51. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:

B13FRMPREV

- Suggest that you use a cane or walker.
- Check your blood pressure lying or standing.
- Suggest that you do an exercise or physical therapy program.
- Suggest a vision or hearing testing.

1 Yes

2 No

3 I had no visits in the past 12 months

52. Have you ever had a **bone density test** to check for **osteoporosis**, sometimes thought of as “brittle bones”? This test may have been done to your back, hip, wrist, heel or finger.

Yes

No

B13OTOTEST

53. How much do you weigh in pounds (lbs.)?

B13WEIGHT

90 lbs. or less

151–160 lbs.

221–230 lbs.

291–300 lbs.

91–100 lbs.

161–170 lbs.

231–240 lbs.

301–310 lbs.

101–110 lbs.

171–180 lbs.

241–250 lbs.

311–320 lbs.

111–120 lbs.

181–190 lbs.

251–260 lbs.

321 lbs. or more

121–130 lbs.

191–200 lbs.

261–270 lbs.

131–140 lbs.

201–210 lbs.

271–280 lbs.

141–150 lbs.

211–220 lbs.

281–290 lbs.

54. How tall are you without shoes on in feet (ft.) and inches (in.)? (If 1/2 in., please round up.)

B13HEIGHT

5 ft. 00 in. or less

5 ft. 04 in.

5 ft. 08 in.

6 ft. 00 in.

5 ft. 01 in.

5 ft. 05 in.

5 ft. 09 in.

6 ft. 01 in.

5 ft. 02 in.

5 ft. 06 in.

5 ft. 10 in.

6 ft. 02 in.

5 ft. 03 in.

5 ft. 07 in.

5 ft. 11 in.

6 ft. 03 in. or more

55. In what **year** were you born? Please provide your **year of birth** only.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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B13SRVBRYR

56. Are you male or female?

Male

Female

B13SRVGEND

57. Are you of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino

No, not Hispanic or Latino

B13HISPAN

58. How would you describe your race? Please mark one or more.

- a American Indian or Alaskan Native
- b Asian
- c Black or African American
- d Native Hawaiian or Other Pacific Islander
- e White
- f Another race

B13RCNATAM

B13RCASIAN

B13RCAFRAM

B13RCNHPI

B13RCWHITE

B13RCOTHER

59. What is your current marital status?

- 1 Married
- 2 Divorced
- 3 Separated
- 4 Widowed
- 5 Never married

B13MARITAL

60. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2 year degree
- 5 4 year college graduate
- 6 More than a 4 year college degree

B13EDUC

61. Is the house or apartment you currently live in:

- 1 Owned or being bought by you
- 2 Owned or being bought by someone in your family other than you
- 3 Rented for money
- 4 Not owned and one in which you live without payment of rent
- 5 None of the above

B13HMOWN

62. Who completed this survey form?

B13CMPWHO

- 1 Person to whom survey was addressed → **Go to Question 64**
- 2 Family member or relative of person to whom the survey was addressed
- 3 Friend of person to whom the survey was addressed
- 4 Professional caregiver of person to whom the survey was addressed

63. What is the name of the person who completed this survey form? Please **print** clearly.

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B13NMCOMP

64. Which of the following categories best represents the **combined income for all family members in your household** for the past 12 months?

B13HHINC

- 01 Less than \$5,000
- 02 \$5,000–\$9,999
- 03 \$10,000–\$19,999
- 04 \$20,000–\$29,999
- 05 \$30,000–\$39,999
- 06 \$40,000–\$49,999
- 07 \$50,000–\$79,999
- 08 \$80,000–\$99,999
- 09 \$100,000 or more
- 10 Don't know

YOU HAVE COMPLETED THE SURVEY. THANK YOU